UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

RECEIVED

TICE OF SALE OF SECURITIES URSUANT TO REGULATION D. **SECTION 4(6), AND/OR** IFORM LIMITED OFFERING EXEMPTION

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	SEC	USE ONLY	
Prefix	_ I	Serial	
	DATE	RECEIVED	

Name of Offering (check if this is an a	mendment and name has changed, and inc	licate change.)	
Sale of Preferred Stock			
Filing Under (Check box(es) that apply):	Rule 504 🔲 Rule 505 🗵 Rule :	506 Section 4(6) ULOE	
Type of Filing: New Filing Ame	endment		
	A. BASIC IDENTIFICA	TION DATA	
1. Enter the information requested about th	e issuer		
Name of Issuer (check if this is an a	mendment and name has changed, and inc	licate change.)	
Concero, Inc.			
Address of Executive Offices (No	imber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10220 SW Greenburg Rd., Suite 500, Portl	and, OR 97223-5508	(971) 222-1900	
Address of Principal Business Operations (N	umber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) (same a	is above)	(same as above)	
Brief Description of Business Development	and marketing of Internet technology	or administration of insurance	
Type of Business Organization			
orporation	☐ limited partnership, already formed	other (please specify	y):
business trust	limited partnership, to be formed		DDACECCE
	Month Year		LUROPERSON IN
Actual or Estimated Date of Incorporation or	Organization: 0 7 9 9	Actual Estimated	DEC 2 0 2001 2
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service ab	breviation for State:	DEC 3 0 2004 5
-	CN for Canada; FN for other foreign ju		THON SOME
GENERAL INSTRUCTIONS			FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Miller, Peggy J. Business or Residence Address (Number and Street, City, State, Zip Code) 9 SW 68th Avenue, Portland, OR 97225 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Shiffer, Alan Business or Residence Address (Number and Street, City, State, Zip Code) 17775 Kelok Road, Lake Oswego, OR 97034 ☐ Promoter ☐ Beneficial Owner ☐ Director Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual) Lewis III, R. Jay Business or Residence Address (Number and Street, City, State, Zip Code) 16081 Parelius Circle, Lake Oswego, OR 97034 ☐Beneficial Owner Check Box(es) that Apply: □ Promoter Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Green, Yolanda Business or Residence Address (Number and Street, City, State, Zip Code) 18050 SW Pheasant Court, Aloha, OR 97006 ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Taylor, Mitch Business or Residence Address (Number and Street, City, State, Zip Code) 1251 Forest Meadows Rd., Lake Oswego, OR 97034 ☐Beneficial Owner ☐ Executive Officer ☑ Director ☐ Promoter Check Box(es) that Apply: ☐ General and/or ١ Managing Partner Full Name (Last name first, if individual) Brown, H. Russell, Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 1205 Chandler Rd., Lake Oswego, OR 97034 □ Promoter ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Criteser, Patrick Business or Residence Address (Number and Street, City, State, Zip Code) 5285 SW Meadows Road, Suite 243, Lake Oswego, OR 97035

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) SmartForest Ventures I, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 209 SW Oak, 1st Floor, Portland, OR 97204 ⊠ Beneficial Owner Check Box(es) that Apply: □ Promoter ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Paulson Investment Company, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 811 Naito Parkway, Suite 200, Portland, OR 97204 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Gill, Frank Business or Residence Address (Number and Street, City, State, Zip Code) 1740 SW Military Road, Portland, OR 97219 Check Box(es) that Apply: □ Promoter ☐Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Cneck Box(es) that Apply: ☐ Promote: ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			·	В.	INFORMA	TION AB	OUT OFF	ERING					
												Yes	No
1. F	as the issue	r sold, or d			-				•	••••••••••	•••••		\boxtimes
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. V	What is the n	ninimum in	vestment th	at will be a	accepted fro	m any indi	vidual?					\$ N/	<u>A</u>
												Yes	No
3.	Does the offe	ring permi	t joint owne	rship of a	single unit?	••••••	•••••	•••••			•••••	\boxtimes	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any													
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state													
										ted persons of			
	broker or de												
Full Nar	me (Last nan	ne first, if i	ndividual)										
N/A													
Rusines	s or Residen	ce Address	(Number a	nd Street (City State	Zin Code)							
Dasilies	3 of Residen	co madress	(ITUINOCI A	na bacci, (ony, orace,	Zip Code)							
	<u> </u>	<u> </u>								·			
Name of	f Associated	Broker or	Dealer										
States in	Which Pers	on Listed I	Has Solicite	d or Intend	s to Solicit	Purchasers							
(Che	ck "All State	es" or checl	k individual	States)	•••••	***************************************		•••••		••••	•••••	□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA] ([HI]	[ID]]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		[MS]	[MO]	
[MT]	[NE]	[VV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[HO]		[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI] [[WY]	[PR]	
Full Nar	ne (Last nan	ne first, if i	ndividual)										
													_
Busines	s or Residen	ce Address	(Number a	nd Street, (City, State,	Zip Code)							
Name of	f Associated	Broker or	Dealer					···					
Ctataa in	Which Pers	on Listad I	Jos Coligita	d or Intend	s to Solicit	Durchagers							
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[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]		OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	-	WY]	[PR]	
Full Nar	ne (Last nam	ne first, if in	ndividual)					·····				***************************************	
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Duoille 8	on residen	~ Audiess	frammoet gi	na succi, C	iny, state, i	sip code)							
												·- ·- ·- ·-	
Name of	Associated	Broker or I	Dealer										
States in	Which Pers	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers							
(Chec	ck "All State	s" or check	c individual	States)		•••••	***************************************					□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA] [HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]		ORJ	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI] [WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	□ Common ☑ Preferred	Ψ	<u> </u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)		
	Total	\$	\$ 569,000
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$569,000
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	Type of	Dollar Amount
	Type of Security	Security	Sold
	Rule 505	0	\$0
	Regulation A	0	\$0
	Rule 504	0	\$0
	Total	0	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$N/A
•	Printing and Engraving Costs		\$N/A
	Legal Fees	⊠	\$\$5000
	Accounting Fees		\$N/A
	Engineering Fees		\$N/A
	Sales Commissions (specify finders' fees separately)		\$N/A
	Other Expenses (identify)		\$ <u>N/A</u>
	Total		\$5000

C. OFFERING PRICE, 1	NUMBER OF INVESTORS, EXPENSES AND US	E OF I	ROCEEDS		
and total expenses furnished in response to Part	ffering price given in response to Part C — Ques C - Question 4.a. This difference is the "adjusted	gross		\$	564,000
 Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to Part 	r any purpose is not known, furnish an estimat al of the payments listed must equal the adjusted	e and			
proceeds to the issuer set forth in response to Pan	. C - Question 4.0 above.		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		□ \$_		_ 🗆 \$_	
Purchase of real estate		□ \$_		\$	
Purchase, rental or leasing and installation of mand equipment	nachinery	□ \$ _		_ 🗆 \$_	
Construction or leasing of plant buildings and f	acilities	□ \$_		_ s_	
Acquisition of other businesses (including the offering that may be used in exchange for the assuer pursuant to a merger)		□ \$		□\$	
				_	
		□ \$ _		\$_	
Column Totals		□ \$_		_ s	564,000
Total Payments Listed (column totals added)			□ \$	564,	000
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Salari da Alianda da A	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be singed by signature constitutes an undertaking by the issuer to the information furnished by the issuer to any non-accordance.	furnish to the U.S. Securities and Exchange (Commi			
Issuer (Print or Type)	Signature		Date		
Concero, Inc.	Legy Istal	Ce.	June ²⁸ , 2004	ļ 	
Name of Signer (Print or Type)	Title of Signer (Print of Type)				
Peggy Miller	President & Secretary				